		FEDERAL EMERGENCY MANAGEMENT AGENCY FORCE ACCOUNT LABOR SUMMARY RECORD								PAGE 1 OF 3		
1. APPLICANT	FORCE ACC	2. P		ARY REC	3. PW	#			4. DISAST	ER NUMBI	IUMBER	
5. LOCATION/SITE						6. CATEGORY				7. PERIOD COVERING		
8. DESCRIPTION OF WO	RK PERFORMED	K PERFORMED										
	DA ⁻	TE AND HOU	URS WORK	ŒD EACH	H WEEK	WEEK COSTS						
NAME							TOTAL	HOURLY	BENEFIT	TOTAL	TOTAL	
JOB TITLE	DATE						TOTAL HOURS	RATE	RATE/HR	TOTAL HOURLY	COSTS	
	REG						0		\$0.00	\$0.00	\$0.00	
	ST OT						0	\$0.00		\$0.00	\$0.00	
	OT						0	\$0.00	•	\$0.00	\$0.00	
	Hol/Other						0	\$0.00		\$0.00	\$0.00	
	REG ST OT						0	ФО ОО	\$0.00 \$0.00	\$0.00	\$0.00	
	OT						0	\$0.00 \$0.00	•	\$0.00 \$0.00	\$0.00 \$0.00	
	Hol/Other						0	\$0.00	•	\$0.00	\$0.00	
	REG						0	ψ0.00	\$0.00	\$0.00	\$0.00	
	ST OT						0	\$0.00		\$0.00	\$0.00	
	ОТ						0	\$0.00		\$0.00	\$0.00	
	Hol/Other						0	\$0.00	\$0.00	\$0.00	\$0.00	
	REG						0		\$0.00	\$0.00	\$0.00	
	ST OT						0	\$0.00	•	\$0.00	\$0.00	
	OT						0	\$0.00		\$0.00	\$0.00	
	Hol/Other						0	\$0.00		\$0.00	\$0.00	
	REG						0	# 0.00	\$0.00	\$0.00	\$0.00	
	ST OT OT						0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	
	Hol/Other						0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00	
	REG		+				0	ψ0.00	\$0.00	\$0.00	\$0.00	
	ST OT						0	\$0.00		\$0.00	\$0.00	
	OT						0	\$0.00		\$0.00	\$0.00	
	Hol/Other						0	\$0.00	•	\$0.00	\$0.00	
						Total	Cost for For	ce Account	Labor Reg		\$0.00	
									ccount Labo		\$0.00	
CERTIFIED			TIT	LE					DATE			

										PAGE 2 OF 3			
1. APPLICANT	FORCE AC		T LABOR SUMMARY RECORD 2. PAID 3. PW#					4. DISASTER NUMBER					
5. LOCATION/SITE						6. CATEGORY				7. PERIOD COVERING			
8. DESCRIPTION OF WO	ORK PERFORMED												
	DA	TE AND	HOUF	RS WO	RKED I	EACH V	WEEK				COSTS		
NAME									TOTAL	HOURLY	BENEFIT	TOTAL	TOTAL
JOB TITLE	DATE	2/15	2/16	2/17	2/18	2/19	2/20	2/21	HOURS	RATE	RATE/HR		COSTS
	REG								0	\$0.00		\$0.00	\$0.00
	ST OT OT								0	\$0.00		•	
	Hol/Other								0	\$0.00 \$0.00			\$0.00 \$0.00
	REG								0	\$0.00			\$0.00
	ST OT								0	\$0.00		\$0.00	-
	OT								0	\$0.00	•	\$0.00	
	Hol/Other								0	\$0.00	•	\$0.00	
	REG								0	\$0.00		\$0.00	\$0.00
	ST OT								0	\$0.00	\$0.00	\$0.00	
	OT								0	\$0.00	•	\$0.00	
	Hol/Other								0			\$0.00	\$0.00
	REG								0	\$0.00		\$0.00	\$0.00
	ST OT								0	+		•	
	OT								0	\$0.00	•	\$0.00	•
	Hol/Other								0	\$0.00		\$0.00	\$0.00
	REG								0	\$0.00	•	\$0.00	\$0.00
	ST OT OT								0	\$0.00	•	\$0.00	
	Hol/Other								0	\$0.00 \$0.00		\$0.00 \$0.00	\$0.00 \$0.00
	REG									\$0.00	·	\$0.00	\$0.00
	ST OT								0	\$0.00 \$0.00	•	-	
	OT								0	\$0.00 \$0.00		-	
	Hol/Other								0	\$0.00		\$0.00	\$0.00
	1.101/04/101							Total	Cost for Fo	•	t Labor Reg		\$0.00
								i Jiai			ccount Labo		\$0.00
									10101 0031	IOI I OIOG A	oodunt Labe	/ Overtime	ψ0.00
CERTIFIED					TITLE						DATE		

	FEDERAL E		-			_	_				PAGE 3 OI	= 3		
1. APPLICANT	FORCE AC		LABO 2. PAI		IMARY		3. PW:	#			4. DISAST	ER NUMBE	ER .	
5. LOCATION/SITE							6. CAT	ECOP	V		7 DEDIOE	COVERIN	G	
J. LOCATION/SITE							o. CAT	EGUK	1		7. PERIOL	COVERIN	9	
8. DESCRIPTION OF WOR	RK PERFORMED					'					•			
	DA	TE AND	HOUF	RS WO	RKED I	EACH \	NEEK	VEEK				COSTS		
NAME									TOTAL	HOURIN	DENEET	TOTAL	ТОТА	
JOB TITLE	DATE	2/15	2/16	2/17	2/18	2/19	2/20	2/21	TOTAL HOURS	HOURLY RATE	BENEFIT RATE/HR	TOTAL HOURLY	TOTAL COSTS	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00		\$0.00	
	ОТ								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00	\$0.00	\$0.00	
	OT								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00		\$0.00	
	OT								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00	\$0.00	\$0.00	
	ОТ								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00	\$0.00	\$0.00	
	ОТ								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
	REG								0		\$0.00	\$0.00	\$0.00	
	ST OT								0		\$0.00	\$0.00	\$0.00	
	ОТ								0		\$0.00	\$0.00	\$0.00	
	Hol/Other								0		\$0.00	\$0.00	\$0.00	
											Labor Regu		\$0.00	
									Total Cost	for Force A	ccount Labo	r Overtime	\$0.00	
OFFICIED				I	T.T. C						DATE			
CERTIFIED FEMA FORM 90-123, NOV 98					TITLE	Crand	Total 4	or For	20 100000	t Labor Re	DATE	¢Λ	00	
1 LIVIA FORIVI 90-123, NOV 96												\$0.		
						GI	rand IC	ιται τοr	rorce Acc	ount Laboi	r Overtime	\$0.	UU	

OUN COUNTY D	DEPARTMENT										
E ACCOUNT AC	CTIVITY DETAILS										
								НС	URS WO	RKED County	
NAME	JOB FUNCTION	DAY	DATE	START TIME	END TIME	Comment	Regular	Overtime	Recall	County Closed	Comp. Tim
					1						
Notes:											
				1	1						

LOUDOUN COUNTY, VIRGINIA FORCE ACCOUNT ACTIVITY SHEET

Applicant:					DSR NO:	
Work Location:					_*Date:	
			Material Used			
	Material Used	Quantity	Units	Unit	Total	Invoice
Vendor	on Job	Used	Used	Price	Price	#
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Total Cost					\$ -	

Contract Equipment/Labor

	Equipment/Labor	Date(s)	Agency/	Hours	Cost Per	Т	otal
Vendor	Contracted For	Used	Company	Used	Hour	(Cost
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
						\$	-
Columns Totals						\$	-

LOUDOUN COUNTY, VIRGINIA FORCE ACCOUNT ACTIVITY SHEET

Applicant:					_DSR NO:							
Work Location:			_*Date:									
		Subsistence										
Vendor	Item	Date	Meal	Price	Total Price	Invoice #						
Total Cost					\$ -							
			l a daina			•						

Lodging

			Number of		Total	Invoice
Vendor	Personnel	Date	Rooms	Rate	Cost	#
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
					\$ -	
Columns Totals					\$ -	